

Work Order ID 58634

Wednesday, May 12, 2010 1:19:03 PM



Page 1

Item ID: D3689-1

Accept



Setup Start



Revision ID:

Item Name: SLEEVE

Stop



Start Date: 5/13/2010 Start Qty: 20.00



Cust Item ID:

Required Date: 5/21/2010 Req'd Qty: 20.00



Customer:

Reference:

Approvals: Process Plan: MFDate: 10-5-10 Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3689	Rev B
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100	DOOSAN LATHE	0.00
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Doosan	Memo	0.00
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Doosan Lathe	1- Turn as per Folio FA722 Rev: <u>A</u> & Dwg D3689 Rev: <u>B</u>	0.00
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2-CHECK THREAD WITH GO-NO GO GAUGE DT9450 A & B

3-Deburr per dwg D3689

110	QC2- Inspect parts off machine FAI/FAIB	0.00
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QC	Memo	0.00
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Quality Control		
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120	CONVENTIONAL MILLING MACHINE	0.00
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Mill Conv	Memo	0.00
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Conventional Milling Machine	C'sink .188" holes as per dwg D3689	0.00
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SL 10/06/10 (20)

SL 10/06/10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
 Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 58634

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Item ID: D3689-1

Accept



Setup Start



Revision ID:

Item Name: SLEEVE

Stop



Start Date: 5/13/2010 Start Qty: 20.00



Cust Item ID:

Required Date: 5/21/2010 Req'd Qty: 20.00



Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

130



QC

Quality Control

Operation
Description

QC2- Inspect parts off machine FAI/FAIB

Set Up/
Run Hours

0.00

Draw
Number

SL

10/06/14

Draw
Rev.

1

Plan
CodeAccept
QtyReject
QtyReject
NumberReject
Stamp

140



QC

Quality Control

QC8- Inspect parts - second check

0.00

10/06/14

0.00

20 Ø

150



Purchasing

PURCHASING

0.00

Memo

0.00

Issue P/O: 12121

LPI Per ASTM 1417 LEVEL 2

Certificate of conformaty is required

CZ 10/6/18 20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 58634

Wednesday, May 12, 2010 1:19:03 PM



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Item ID: D3689-1

Accept



Setup Start



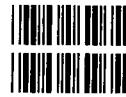
Revision ID:

Item Name: SLEEVE

Stop



Start Date: 5/13/2010 Start Qty: 20.00



Cust Item ID:

Required Date: 5/21/2010 Req'd Qty: 20.00



Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

160



Packaging

Packaging

Operation
Description

Receive & Inspect for Damage & Mat'l Certs

Set Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

0.00

Memo

0.00

0

Per 10/01/18 (20)

170



QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

0

10 06 21 (20)

180



Packaging

Packaging

Identify as per dwg & Stock Location: C82

0.00

Memo

0.00

0

Per 10/01/14 (20)~~*10 06 14*~~

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
 Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 58634

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Item ID: D3689-1

Revision ID:

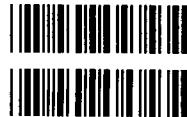
Item Name: SLEEVE

Start Date: 5/13/2010 Start Qty: 20.00

Accept



Setup Start



Required Date: 5/21/2010 Req'd Qty: 20.00



Cust Item ID:



Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

190

Operation
Description

QC21- Final Inspection - Work Order Release

Set Up/
Run Hours

0.00

Draw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

QC

Quality Control

Memo

0.00

10/06/2010

MF 10 -
6-21

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Wednesday, May 12, 2010 1:19:02 PM

Page 1

Work Order ID: 58634



Parent Item: D3689-1



Parent Item Name: SLEEVE

Start Date: 5/13/2010

Required Date: 5/21/2010

Comments: IPP Rev:A New Issue 08-02-11 JLM Verified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Add note on material cutting JLM Verified By:JM

Start Qty: 20.00

Required Qty: 20.00

Component Item ID/ M174PH-H900R1.375	Replacement	Mfg/ Purchased	Bin No	Primary	Last	Route 100	Unit of f	Qty on 41.5000	Qty per Kit 0.5	Qty	Date	Status
17-4 SS H900 ROUND BAR 1.375												

Location	Loc Qty	Loc Code
MAT030	41.5	
110540	1.5	
111123	32	
112374	8	

- 7-1 SL 10/06/20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD	Work Order:	58634
Description: Sleeve	Part Number:	D3689-1
Inspection Dwg: D3689	Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

Measured by:	SL	Audited by:	JP	Prototype Approval:	N/A
Date:	10/06/12	Date:	10/06/14	Date:	N/A

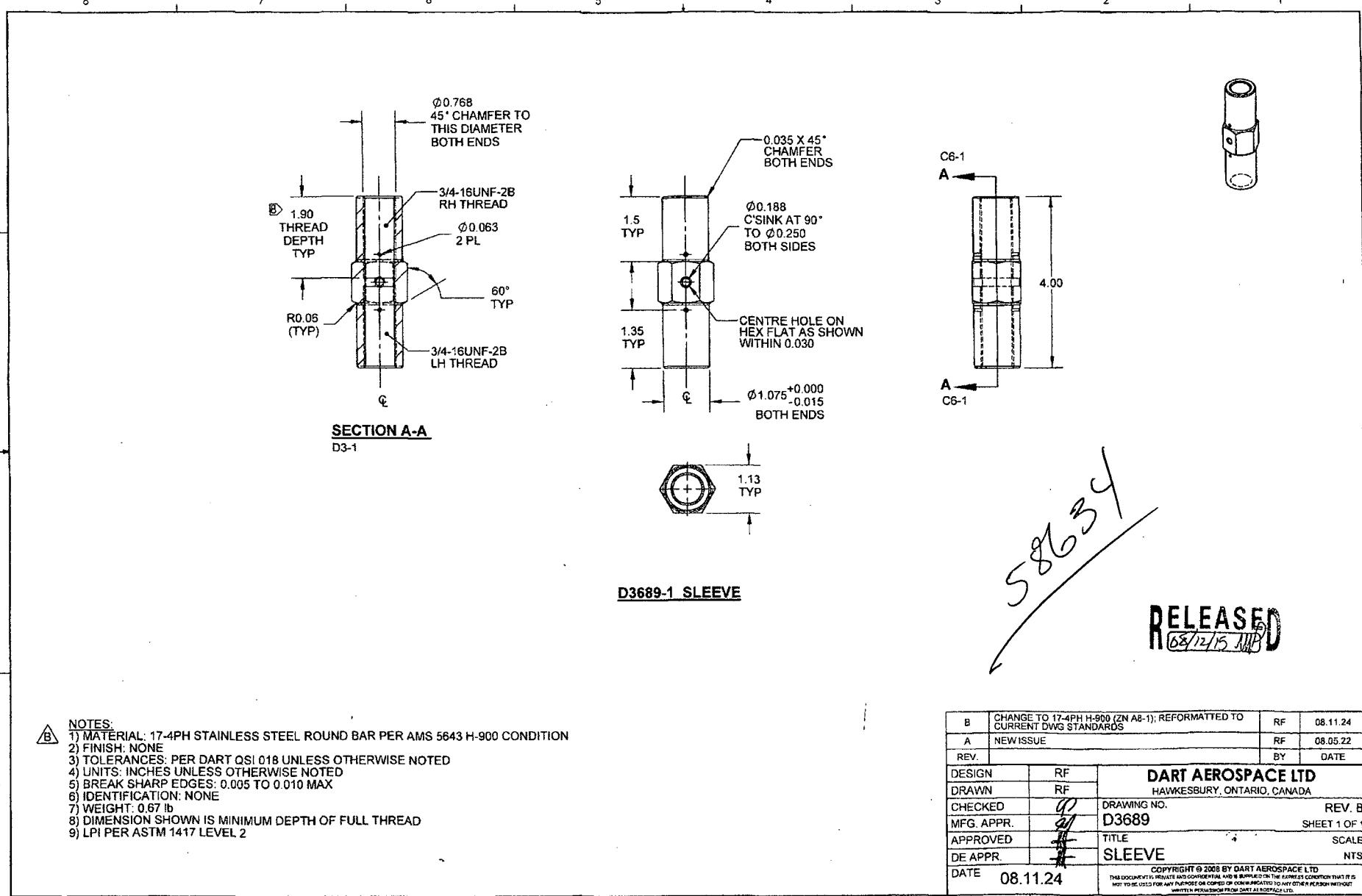
Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
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NOTE: Date & initial all entries





LIQUID PENETRANT TEST REPORT

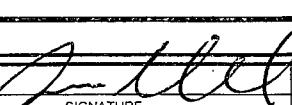
P- 15326

CLIENT	DARL AEROSPACE		DATE	JUNE 18-2010	TIME	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	PAGE	1	OF	1
ATTENTION	LINDA		ACUREN JOB NO.	188-10-0269						
ADDRESS	1270 ABERDEEN ST. HAWKES BURY ON.		PO/WO NO.	121277 -						
PROJECT	K614 1K7		WORK LOCATION	MAIN SHOP - HAWKES BURY						
ITEM(S) EXAMINED	F.P.I. ON CROSS TUBES AND MACHINED PARTS 5 - CROSS TUBES. 57 - MACHINED PARTS		ACCEPTANCE STD.			REV./DATE				

JOB DESCRIPTION	PROCEDURE NO. LT-0002	REV./DATE	-	TECHNIQUE NO. LT-TECH42	REV./DATE	-
PART NO.	-		MATERIAL	ACADINE ALUMINUM	THICKNESS	Various
SCOPE	-WET FLUORESCENT LIQUID PENETRANT INSPECTION CARRIED OUT 100% EXTERNAL STAINLESS STEEL					

TEST DETAILS									
METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED				
FAMILY BRAND	MAGNA FLUX		BLACK LIGHT S/N	16459	OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/>	AMBIENT < 2 fc		
PENETRANT	2607	MINIMUM DWELL TIME 45 10 MIN.	LIGHTING EQUIP.	<input type="checkbox"/> FLASHLIGHT	<input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE			
PENETRANT REMOVER	120	MINIMUM DRY TIME >10 MIN.	OTHER	LA BINO					
DEVELOPER	SKD 52	MINIMUM DWELL TIME 10 MIN.	LIGHT METER S/N	1098866		CAL DUE DATE			
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY			OCT-19-2010			

TEST SURFACE									
SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL				
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F					

RESULTS- (<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td>-W.O. 59047 - CROSS TUBE</td> <td style="width: 10%; text-align: center;">✓</td> <td colspan="8"></td> </tr> <tr> <td>1</td> <td>-W.O. 59026 - CROSS TUBE</td> <td style="text-align: center;">✓</td> <td colspan="8"></td> </tr> <tr> <td>1</td> <td>-W.O. 59027 - CROSS TUBE</td> <td style="text-align: center;">✓</td> <td colspan="8"></td> </tr> <tr> <td>1</td> <td>-W.O. 59278 - CROSS TUBE</td> <td style="text-align: center;">✓</td> <td colspan="8"></td> </tr> <tr> <td>1</td> <td>-W.O. 59279 - CROSS TUBE</td> <td style="text-align: center;">✓</td> <td colspan="8"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 10px;">37 - W.O. 58631 - STUDS</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 10px;">20 - W.O. 58634 - SLEEVES</td> </tr> </table>										1	-W.O. 59047 - CROSS TUBE	✓									1	-W.O. 59026 - CROSS TUBE	✓									1	-W.O. 59027 - CROSS TUBE	✓									1	-W.O. 59278 - CROSS TUBE	✓									1	-W.O. 59279 - CROSS TUBE	✓									37 - W.O. 58631 - STUDS										20 - W.O. 58634 - SLEEVES									
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 10.06.21																																																																																				

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE	JASON MURDOCH		PRINT	SIGNATURE	DTR #	E27415	
TECHNICIAN (SIGNATURE):					REPORT		
NAME (PRINT):	Mike Sotiriotis		1 ST TECHNICIAN	2 ND TECHNICIAN	REVIEWED BY:		
CGSB LEVEL	II SNT LEVEL		CGSB LEVEL	SNT LEVEL	NAME	INITIALS	
CGSB REG. NO.	6606		CGSB REG. NO.				

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY